

**NEW YORK STATE DEPARTMENT OF HEALTH
CERTIFICATE OF APPROVAL
FOR BACKFLOW PREVENTION DEVICE(S)**

This approval is issued under the provisions of 10 NYCRR, Part 5, Section 5-1.31:

		Log No. 12CC-0059	
Facility: GAC BUILDING- SEAQMANS NECK RD	City, Village, Town: LEVITTOWN	County: NASSAU	
Owner's Mailing Address: 60 BROOKLYN AVE, P.O. BOX 800 MERRICK N.Y. 11566			
Physical Location of Backflow Prevention Device(s): GAC BUILDING SOUTH END			
Description of Device(s): ONE 2" WILKINS 375XL RPZ			
Water Supplier: AQUA NEW YORK		LINDA ELLISON, SUPERVISOR	
		Name (Designated Representative)	
60	BROOKLYN AVENUE	MERRICK, NY	11566
Mailing Address		ZIP	

Conditions of approval:

- A. **THAT** within 45 days of installation, the attached certification will be completed and returned to the water supplier and the approving agent.
- B. **THAT** a certified backflow prevention device tester test the above backflow prevention device(s) at least yearly and report the results to the water purveyor indicated above.
- C. **THAT** any connection made prior to the backflow prevention device(s) shall render this approval void.
- D. **THAT** the proposed works be constructed in conformance with the plans and specifications approved this day and any amendments thereto.

Michael J. Alarcon

ISSUED FOR THE STATE COMMISSIONER OF HEALTH BY: _____

Designated Representative

Date: 6/13/2012

Title: DIRECTOR - BUREAU OF
ENVIRONMENTAL ENGINEERING

Nassau County Department of Health
106 Charles Lindbergh Blvd
Uniondale, New York 11553

Application for Approval of Backflow Prevention Devices

PRINT OR TYPE ALL ENTRIES EXCEPT SIGNATURES

Please complete items 1 through 12a + Block and Lot Numbers

Block #

403

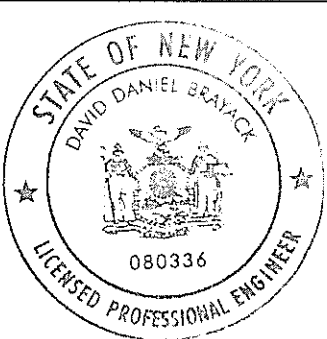
Lot #

Sec:51
Lot27

FOR DEPARTMENT USE ONLY

Log No.

12CC-0059

1. Name of Facility Aqua New York-Seamans Neck Road		2. City, Village, Town Hempstead		State Nassau	
4. Location of Facility <small>street</small> 670 Seamans Neck Road		City Levittown		state NY	zip 11783
4a. Phone Numbers 516-378-3941		Contact Person Matthew Snyder			
5. Approx. Location of Device(s) GAC Building, South End			6. Mfg. Model # Wilkins 375XL		Size of Devices 2"
# of Fire Services 0	# of Domestic Services 1	# of Combined Services 0	Total # of Services 1		Total # of Buildings 1
7. Name of Owner Matthew Snyder		Title President	Phone Number 516-378-3941		8. Nature of works <input checked="" type="checkbox"/> Initial Device Installation <input type="checkbox"/> Replace Existing Device
Full Mailing <small>street</small> Address 60 Brooklyn Avenue, P.O. Box 800			8a. <input checked="" type="checkbox"/> New Service <input type="checkbox"/> Existing Service		
<small>city</small> Merrick		<small>state</small> NY	<small>zip</small> 11566		
Owner's Signature <i>Matthew Snyder</i> Date 3/19/12			8b. <input checked="" type="checkbox"/> New Building <input type="checkbox"/> Existing Building <input type="checkbox"/> Major Renovation		
9. Name of Design Engineer or Architect David D. Brayack			10. NYS License # 080336 <input checked="" type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other		
		<small>street</small> Address Tetra Tech 5700 Lake Wright Dr. Suite 309		10a. Telephone Number(s) 757-461-3824	
		<small>city</small> Norfolk			
		<small>state</small> VA	<small>zip</small> 23502	Date 3-16-2012	
signature <i>David D. Brayack</i>					
Original ink signature and seal required on call copies					
11. Water System Pressure (psi) at Point of Connection Max 80 Avg 50 Min 30			12. Estimate Installation Cost \$50,000		12a. Estimate Design Cost \$5,000
13. Degree of Hazard <input checked="" type="checkbox"/> Hazardous <input type="checkbox"/> Aesthetically Objectionable		List of processes or reasons that lead to degree of hazard checked: Sodium Hypochlorite used in building			
14. Public water supply name Aqua New York		Name of supplier's designated representative <i>Matthew Snyder</i>			
Mailing address <small>street</small> 60 Brooklyn Avenue, P.O. Box 800		Title President			
<small>city</small> Merrick	<small>state</small> NY	<small>zip</small> 11566	Signature* <i>Matthew Snyder</i> 3/19/12		
Telephone No. (516) 378-3941			*Your signature endorses proposal Date		

Note: All applications must be accompanied by plans, specifications and an engineer's report describing the project in detail. The project must first be submitted to the water supplier, who will forward it to the local public health engineer. This form must be prepared in quadruplicate with four copies of all plans, specifications and descriptive literature.